HAYWARD NURSING HOME 110/0 MODER CERTE TO 77

11040	NOR'I'H	STATE	ROAD	7.7

HAYWARD 54843 Phone: (715) 934-4300		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	76	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	76	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	67	Average Daily Census:	69

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 					26.9 38.8
Supp. Home Care-Household Services	No	Developmental Disabilities	3.0	Under 65			20.9
Day Services	No	Mental Illness (Org./Psy)	19.4	65 - 74	4.5		
Respite Care	No	Mental Illness (Other)	3.0	75 - 84	28.4		86.6
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.8	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.5	95 & Over	13.4	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.5			Nursing Staff per 100 Resi	dents
Home Delivered Meals	No	Fractures	13.4		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	14.9	65 & Over	94.0		
Transportation	No	Cerebrovascular	3.0			RNs	15.0
Referral Service	Yes	Diabetes	4.5	Gender	용	LPNs	6.0
Other Services	No	Respiratory	4.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	31.3	Male	22.4	Aides, & Orderlies	47.0
Mentally Ill	No			Female	77.6		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		edicare			Medicaid 'itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	2	4.1	134	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.0
Skilled Care	7	100.0	240	45	91.8	115	0	0.0	0	11	100.0	130	0	0.0	0	0	0.0	0	63	94.0
Intermediate				2	4.1	96	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		49	100.0		0	0.0		11	100.0		0	0.0		0	0.0		67	100.0

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HAYWARD NURSING HOME

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, ar	nd Activities as of 12,	/31/03
Deaths During Reporting Period		 			% Needing		Total
Percent Admissions from:		Activities of	용		sistance of	% Totally	Number of
Private Home/No Home Health	7.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	3.4	Bathing	0.0		88.1	11.9	67
Other Nursing Homes	5.6	Dressing	7.5		80.6	11.9	67
Acute Care Hospitals	73.0		22.4		67.2	10.4	67
Psych. HospMR/DD Facilities	0.0	Toilet Use	10.4		74.6	14.9	67
Rehabilitation Hospitals	2.2	Eating	67.2		17.9	14.9	67
Other Locations	7.9	*********		****	*****	******	*****
otal Number of Admissions	89	Continence		용	Special Treatmer	nts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3.0	-	oiratory Care	19.4
Private Home/No Home Health	5.4			47.8	Receiving Trac	-	0.0
Private Home/With Home Health	40.2			25.4	Receiving Suct	-	0.0
Other Nursing Homes	1.1				Receiving Osto	<u> </u>	1.5
Acute Care Hospitals	15.2	Mobility			Receiving Tube	-	1.5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	4.5		nanically Altered Diets	31.3
Rehabilitation Hospitals	0.0	. <u>,</u> ,			3	-	
<u> </u>	0.0	Skin Care			Other Resident (Characteristics	
Deaths	38.0	With Pressure Sores		3.0	Have Advance I	Directives	89.6
Total Number of Discharges		With Rashes		1.5	Medications		
(Including Deaths)	92				Receiving Psyc	choactive Drugs	50.7

	This	Other	Hospital-		All
	Facility	Based Facilities		Fac	ilties
	%	왕	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.8	90.1	1.01	87.4	1.04
Current Residents from In-County	92.5	83.8	1.10	76.7	1.21
Admissions from In-County, Still Residing	27.0	14.2	1.91	19.6	1.37
Admissions/Average Daily Census	129.0	229.5	0.56	141.3	0.91
Discharges/Average Daily Census	133.3	229.2	0.58	142.5	0.94
Discharges To Private Residence/Average Daily Census	60.9	124.8	0.49	61.6	0.99
Residents Receiving Skilled Care	97.0	92.5	1.05	88.1	1.10
Residents Aged 65 and Older	94.0	91.8	1.02	87.8	1.07
Title 19 (Medicaid) Funded Residents	73.1	64.4	1.14	65.9	1.11
Private Pay Funded Residents	16.4	22.4	0.73	21.0	0.78
Developmentally Disabled Residents	3.0	1.2	2.51	6.5	0.46
Mentally Ill Residents	22.4	32.9	0.68	33.6	0.67
General Medical Service Residents	31.3	22.9	1.37	20.6	1.53
Impaired ADL (Mean)*	46.0	48.6	0.95	49.4	0.93
Psychological Problems	50.7	55.4	0.92	57.4	0.88
Nursing Care Required (Mean)*	7.3	7.0	1.04	7.3	0.99